

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. : FILING DATE

**FILING DATE**

**APPLICANT(S)**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL ID.	6					
TOTAL EP.	2					
TOTAL AIMS	2					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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